SIRTH NO. 1. PLACE OF DEATH a. COUNTY Buchana b. CITY (If outlide corporate limits, write RURAL and give to standard property of the control of the cont	COED SWED O	title seen	STA	NDARD (CERTIF	ICATE O	F DE	ATH	ce	ate File No		3356
1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (It outside corporate limite, write RURAL and give township) TOWN St. Joseph d. FULL MANNOT (If not us beograd or inattrution, tive storic allies or testable) INSTITUTION 2307 North 7th Street INSTITUTION 2507		7 1203	REG. D	IST. NO. 4	2	PRIMARY REG	. DIST.	NO. 1				} •
TOWN St. Joseph G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon, give street address of rosation) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. FULL NAME OF (If not is brogated or leastfullon) G. CLUSE OF BEATH G. CLUSE OF BEATH G. ADER OF GENETH G. ADER OF GENETH G. ADER OF HUSBAND OR WIFE G. ADIT OF HUSBA	1. PLACE OF DEA					2 USUAL			1171	1 II. 4 14 1		enidence befai
d. FULL NAME OF (if not is brogated or insultationies, give street allows or location) d. FULL NAME OF (if not is brogated or insultationies, give street allows or location) NATITUTION 2007 North 7th Street DECCASED A. (First) DECCASED A. (First) DECCASED A. (First) DECCASED A. (First) D. (Middle) C. (Last) L. ADRE (Month) (Day) (O. DECTATOR) ROBERTS DEATH Apr. 19, 195 S. SEX / 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, NEVE			TIDA!		ICTU OF	A CITY OF	Mis	souri		Buc	nanan	
HISTITUTION 2307 North 7th Street ADDRESS A. (First) B. (Mosth) C. (Last) C. (Last) C. (Last) C. (Last) ADTE (Mosth) C. (Day) (Country) (Co	_OR		to	wnship) STAY (in this place:	OR TOWN				Land give tow	(Mahip)	7
3. NAME OF DECLASED (First) DECLASED (Type or Print) INEZ F. ROBERTS DECLASED (Type or Print) INEZ F. ROBERTS S. SEX	d. FULL NAME OF (HOSPITAL OR INSTITUTION				or location)		2			h Stre	et C	}
Type or Frint INEZ F. ROBERTS DEATH Apr. 19, 195	3. NAME OF)	c. (Le	ast)		4. DATE	(Month)	(Day)	(Year)
S. SEX		INEZ		F.		ROBER'	rs ·		OF DEATH	Apr.		1953
Thomas N. Jenning AUSLA CCCUPATION (Checkhold ready) HOUSEWIFE A. FATHER'S NAME A. FATHER'S NAME Thomas N. Jenning Millis J. Denney Alvah D. Roberts Millis J. Denney Alvah D. Roberts Millis J. Denney Alvah D. Roberts Mr. Alvah D. R	/ "			IED. NEVER MA VED. DIVORCED	RRIED, (Specify)	l '		T 0 0 7	lass birtod	years If UNDE ay) Months	R ! YEAR 1	F UNDER 11 HRS. Iours Min.
does during to associated working life, even if restrict) NOUSE WIFE A. FATHER'S NAME Thomas N. Jennings I. Jennings					S OR IN-					131	Y 12 CITI	ZEN OE WUA
Thomas N. Jennings S. WAS DECEASED EVER IN U.S. ARMED FORCES? I. SOCIAL SECURITY NO Mr. Alvah D. Roberts St. Joseph M. Mr. Alvah D. Roberts St. Joseph M. Mr. Alvah D. Roberts St. Joseph M. M. M. M. M. Alvah D. Roberts St. Joseph M.	done during most of working Housewife	ng life, even if retired)	own	home	DUSTRY	Platt		unty	Misso		COUNT	[RY]
AND DECASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME (see, no, no runknown) (If yee, sive war or dates of service) no no runknown) (If yee, sive war or dates of service) no no (see, no, no runknown) (If yee, sive war or dates of service) no no (see, no, no runknown) (If yee, sive war or dates of service) no no (see, no, no runknown) (If yee, sive war or dates of service) no no (see, no, no runknown) (If yee, sive war or dates of service) no no (see, no, no runknown) (If yee, sive war or dates of service) no no (see, no, no	a. FATHER'S NAME		ין	36. MOTHER'S	S MAIDEN	NAME		,				
Cause of Death Incomplete	Thomas N.	Jennings				enney						
MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MINIERVAL BE ONSTAND STAND MEDICAL CERTIFICATION MINIERVAL BE ONSTAND ONSTAND STAND MEDICAL CERTIFICATION MINIERVAL BE ONSTAND MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MINIERVAL BE ONSTAND STAND MEDICAL CERTIFICATION MINIERVAL BE ONSTAND STAND MORECULAR ANTECEDENT CAUSES Morbid conditions, if only, giring DUE TO (b) Morbid conditions, if only, giring DUE TO (c) Morbid conditions, if only, giring DUE TO (b) Morbid conditions, if only, giring DUE TO (c) Morbid conditions, if only, giring DUE TO (c) Morbid conditions, if only, giring DUE TO (b) Morbid conditions, if only, giring DUE TO (b) Morbid conditions, if only, giring DUE TO (c) Morbid conditions, if only, giring DUE TO (b) Morbid caused death. Morbid caused d	i. WAS DECEASED EVE	R IN U.S. ARMED I yea, give war or dates:	FORCES?	16. SOCIAL S		1						DDRESS
Inter only one cause per me for (a), (b), and (c) *This does not mean he discussed of dying, such a heart falture, asthenia, it. It means the discussed drath. *In means the discussed drath. *In. OTHER SIGNIFICANT CONDITIONS Due TO (c) *Vescules** United States** United Sta								D. R	oberts	St.		
ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) Abeat fallure, asthenia, itse to the above cause (a) stating the underlying cause last. DUE TO (c) DUE TO (d) DUE TO (e) DUE TO (e) DUE TO (e) DUE TO (f) DUE TO (g) DUE TO (Enter only one cause per	I. DISEASE OR CO	ONDITION ING TO DEA				TION					
19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. ACCIDENT (Specify) 19b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 19b. Month (Day) (Year) 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (COUNTY) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWNS	the mode of dying, such no heart failure, asthenia, rtc. It means the dis- case, injury, or camplica-	Morbid conditions, if any, glving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				yperlemens, cardio- coules lluiaire artarareceraire vile comentéa					14	70 L
216. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 216. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE BUILDING (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED WHILE AT WORK 217. How DID INJURY OCCUR? 217. Horeby certify that I attended the deceased from Atwork 31. How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Atwork 32. I hereby certify that I attended the deceased from Atwork 32. I hereby certify that I attended the deceased from Atwork 32. I hereby certify that I attended the deceased from Atwork 32. I hereby certify that I attended the deceased from Atwork 32. I hereby certify that I attended the deceased from Atwork 32. I hereby certify that I attended the deceased from Atwork 32. I hereby certify that I attended the deceased from Atwork 32. I how DID INJURY OCCUR? 218. How DID INJURY OCCUR? 219. Joseph 4-18-19-19-19-19-19-19-19-19-19-19-19-19-19-	9a. DATE OF OPERA- TION	19b. MAJOR FINE	INGS OF	OPERATION			•		44	13X		TOPSY?
WHILE AT WORK 2. I hereby certify that I attended the deceased from	SUICIDE					21c. (CITY, TO	OWN, OR	TOWNSHI	P)	(COUNTY)	. (5	STATE)
alive on 4-18, 1963, and that death occurred at IO:55 naMfrom the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. DATE SIGNATURE (Apr. 21, 1953 Memorial Park Cemetery St. Joseph, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Apr. 21, 1953 Memorial Park Cemetery St. Joseph, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Apr. 25, FUNERAL DIRECTOR'S SIGNATURE St. Joseph (Apr. 27, 1953 Memorial Park Cemetery St. Joseph) (SIGNATURE ST. JOSEPH)	OF	(Day) (Year) (I	w	HILEAT NOT	WHILE	21f. HOW DID	INJURY	OCCUR?				,
CAB. SIGNATURE W. D. 23b. ADDRESS 23c. DATE SIGNATURE W. D. 24c. NAME OF CEMETERY OR CREMATOR Burial Apr. 21, 1953 Memorial Park Cemetery Apr. 21, 1953 Memorial Park Cemetery Control of the county Apr. 21, 1953 Memorial Park Cemetery Control of the county Control of the control of the county Control of the contr	2. I hereby certify to	hat I attended ti	he deceas	ed from	tel.							e deceased
246. BURIAL. CREMA- 124b. DATE 245. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or county) Burial Apr. 2I, 1953 Memorial Park Cemetery St. Joseph, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 485 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Costher M. Cliston Stame, Januar Adm. St. Joseph		us. Q		O (Degree	or title)		5 _			no	· · · · · · · · · · · · · · · · · · ·	TE SIGNED
Burial Apr. 21. 1953 Memorial Park Cemetery St. Joseph, Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Ipril 24, 1953 Costher M. Allison J. James James St. Joseph St. Joseph	Ma. BURIAL, CREMA-	24b. DATE	1	24c. NAME OF	CEMETER	Y OR CREMATO				town, or cou	nty)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (185-) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS St. Joseph		Apr. 2I.	1953	Memori	al Par					. Mo	•	
		REGISTRAR'S S								A		enh Mo
(Licensed Embalmer's Statement on Reverse Side)	711/50	YOUNK	~	(Licensed Em	balmer's S	tatement on Re	verse Sid	e)	- Married		. 7000	- 170

TRIBET DIVE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by...

working under my personal supervision.

da dot .d⊃

Licensed Embalmer No. 46.22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITTING. (Failure to comply w

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.